

STUDENT REPORTING FORM

Use this form only when there is a change to be reported.

PRINT NAME OF STUDENT



SOCIAL SECURITY CLAIM NUMBER
ON WHICH BENEFITS ARE PAID

LETTER(S)

It is a nine-digit number (000-00-0000) followed by letter(s) C or HC. We cannot process your report without the correct claim number.

_____|_____|_____|_____|_____|_____|_____|_____|_____|

1. CHANGE OF ADDRESS (Print new address at bottom of form.)

If the Social Security Administration is sending your payments to your financial organization, do you want this to continue?

YES NO

2. WORKING AND WILL EARN OVER THE EXEMPT AMOUNT - \$ _____ for the year _____ (specify)

MONTH AND YEAR

- a. I am working for wages of more than \$ _____ a month or performing substantial services in self-employment beginning with the month of _____
- b. I estimate that my total earnings for this taxable year will be _____

AMOUNT

\$

FILL IN BOTH BOXES

3. MARRIAGE OF STUDENT

DATE OF MARRIAGE
(MONTH, DAY, YEAR)

4. NO LONGER ATTENDING ANY SCHOOL

(Do NOT report this item merely because school year ended if you intend to resume full-time attendance after a vacation period of not more than 4 full calendar months.) The last day that I attended school on a full-time basis was _____

MONTH, DAY, YEAR

5. REDUCED SCHOOL ATTENDANCE TO LESS THAN FULL-TIME

The last day that I attended school on a full-time basis was _____

MONTH, DAY, YEAR

6a. CHANGED SCHOOLS

I have arranged to transfer schools effective _____
I am (will be) attending full-time part-time

MONTH, DAY, YEAR

b. NAME AND ADDRESS OF NEW SCHOOL (Give sufficient information for location of your records.)

c. TYPE OF NEW SCHOOL

- Secondary (High school level or below)
- Post-secondary (College, Junior College, Trade or Vocational)
- OTHER _____ (specify)

d. STUDENT IDENTIFICATION NUMBER

STUDENT'S SOCIAL SECURITY NUMBER

_____|_____|_____|_____|_____|_____|_____|_____|_____|

e. DATE SCHOOL YEAR WILL END

MONTH, YEAR

7a. STUDENT'S EMPLOYER IS PAYING STUDENT TO ATTEND SCHOOL

I began attending school as part of my job on _____

MONTH, DAY, YEAR

b. NAME AND ADDRESS OF EMPLOYER

8. INCARCERATION FOR CONVICTION OF A CRIME

Student is confined in a jail, prison, or other correctional institution based on a conviction of a crime.

DATE OF INCARCERATION
(MONTH, DAY, YEAR)

9. WARRANT ISSUED FOR STUDENT'S ARREST

An unsatisfied warrant was issued for your arrest for a crime or attempted crime of flight to avoid prosecution or confinement or escape from custody.

DATE OF ARREST WARRANT
(MONTH, DAY, YEAR)

SIGNATURE OF PERSON MAKING THIS REPORT



NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE

CITY

STATE

ZIP CODE

DATE SIGNED

AREA CODE & TELEPHONE NO. (IF ANY)

ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE

HOW TO REPORT

There are three ways to report:

1. **PHONE** Social Security and explain the change.

Telephone Number () _____
(Area Code)

2. **VISIT** any Social Security office.

3. **MAIL** this form to any Social Security office.

MAKE SURE YOU FILL IN THESE NECESSARY DETAILS ON THE REVERSE SIDE OF THIS FORM:

- **NAME** of student about whom the report is made;
- The correct **CLAIM NUMBER** under which the benefits are payable;
- **WHAT** is being reported;
- **DATE** it happened;
- Your **SIGNATURE** and **ADDRESS**.

If you mail your report, please use this reporting form and send it to the nearest Social Security office.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE, EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

WHAT TO REPORT

The kinds of events that you must report to Social Security are listed on the reverse side of this form. Check any of the events that apply to you and fill in any other information requested about the event. If you need more information to fill out this form, please read "Social Security: What You Need to Know When You Get Retirement or Survivors Benefits" and/or "Social Security: What You Need to Know When You Get Disability Benefits." If you do not have these publications, or if you want help in making a report, get in touch with any Social Security office for help.

FAILURE TO REPORT

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case you will have to pay back any benefits you received that were not due to you.

Also, if you conceal or fail to disclose a reporting event with an intent to obtain benefits fraudulently either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the Social Security Act.

Privacy Act Statement Collection and Use of Personal Information

Sections 202(d) and 203 (f) of the Social Security Act as amended [42 U.S.C. 402(d) and 403(f)] and Title 20 CFR 404.415, 404.434, 404.435 (b) (2), 404.367, 404.368, and 422.135, authorize us to collect this information. The information you provide will help us determine your entitlement to benefits. The information you provide is voluntary. However, your failure to provide all or part of the requested information could prevent us from making an accurate and timely decision concerning your entitlement to benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following: 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs); 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claim Folders Systems, 60-0089. The notice, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

PAPERWORK REDUCTION ACT

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 6 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

Use this form **ONLY** when there is a change to report to Social Security.